



NEW DO IT BEST ACCOUNT APPLICATION

Business Name: _____

Purchasing/Buyers Name: _____

Do It Best # (account/store number): _____

Bill to Address: _____ City: _____ State: _____ Zip: _____ County: _____

Ship to Address: _____ City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Email: _____

SALES TAX EXEMPTION CERTIFICATE

Sales Tax License Number: _____ is Tax Exempt Taxable

Purchased for:

- | | | |
|--|--|---|
| <input type="checkbox"/> Resale | <input type="checkbox"/> Educational | <input type="checkbox"/> Church |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Industrial Processing | <input type="checkbox"/> Non Profit Institution |
| <input type="checkbox"/> Agricultural Use | <input type="checkbox"/> Other: _____ | |

This certificate should be considered a part of each order unless otherwise specified and will remain in force until revoked in writing.

In the event that the State of Michigan, or other state as indicated, disallows any claimed exemption, the purchaser agrees to reimburse the seller for the amount of the sales tax.

COMPANY: _____

Address: _____

City, State, Zip: _____

Authorized Signature

Printed Name

Title

Date